



New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	V	Health Services	
Chapter:	A	Health Services	9-30-80
Subchapter:	1	Health Services	
Issuance:	500	Replacement of Eyeglasses/Contacts	

Replacement of Eyeglasses/Contact Lenses 9-30-80

CP&P encourages the prompt replacement of lost, stolen, broken or damaged eyeglasses/contact lenses for children under its supervision. The replacement may be paid for by the parent, caregiver, another agency, Medicaid or CP&P, depending upon the child's living arrangement and Medicaid eligibility.

Medicaid does not pay for lost, stolen, or broken eyeglasses/contact lenses except under extenuating circumstances, e.g. destruction by fire, by an emotionally disturbed or mentally retarded child, or when an accident occurs and a child's eyeglasses/contact lenses are damaged. When this happens to a child eligible for Medicaid through CP&P, the child's caregiver notifies the Worker of the circumstances leading to the need for replacement. The Worker submits a letter to the provider based on the explanation provided by the child's caregiver. The provider seeks prior authorization from the Medicaid Vision Care Unit to bill Medicaid. Prior authorization is not needed when an eye examination reveals a prescription change of + or - .50D. or more and the frames are undamaged.

If, after review, Medicaid does not give authorization and will not pay:

- A "one-time" non-contracted provider bills CP&P using the CP&P Form [K-100](#), Client Service Invoice. He or she also attaches a copy of the prescription or description of the replacement part, a statement that Medicaid refuses to pay and that the Local Office Manager approves payment. The bill is processed when the LO Manager approves payment.
- If the provider is a "contracted" provider, he or she submits the charges on his or her monthly CP&P Form [K-100](#), Billing Spreadsheet, to the appropriate Local Office via the "[Secure Billing process](#)". The Local Office must have secured a copy of the prescription, the replacement part, and a statement that Medicaid refuses to pay. The Local Office Manager must approve the replacement.

Payment is made at Medicaid rates.

Resource parents are advised not to make direct payment to the provider as CP&P will not reimburse the resource parent. See [CP&P-V-A-1-1100](#), for information regarding routine vision care.

Procedures Related to Replacement of Eyeglasses/Contact Lenses 9-30-80

RESPONSIBILITY	ACTION REQUIRED
Child's Caregiver	1. Notify Worker regarding circumstances leading to need for replacement of eye-glasses/contact lenses.
Worker	2. Contact provider explaining circumstances and need for replacement.
Provider	3. Seek prior authorization from the Medicaid Vision Care Unit to bill Medicaid for replacement per instructions in CP&P-V-A-1-1100 .
Medicaid Vision Care	4. Review request and <ul style="list-style-type: none"> • authorize service and billing to Medicaid, or • deny authorization notifying provider that Medicaid will not pay.
Provider	5. Provide services and bill Medicaid if authorized, or
	6. Bill CP&P using the CP&P Form K-100 , Client Service Invoice, per instructions, or the CP&P K-100 , Billing Spreadsheet, via the " Secure Billing " process, and attach a copy of the prescription or description of the replacement part, and a written statement of Medicaid's refusal to pay.
Worker	7. Complete CP&P Form 16-76 , Special Approval Request.
Local Office	8. Approve replacement as Manager requested on CP&P Form 16-76 .
	9. Sign CP&P Form K-100 as indicated and attach copy of signed CP&P Form 16-76 .
	10. Submit to Office of Accounting for

	processing.
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